New Client Information



GENERAL INFORMATION

We put the "check" into your business.

Company's Legal Name:				
Address:				
Street Address	City	State	Zip Code	
Phone:	Fax (If Available):	Website:		
IF THIS IS A BRANCH OFFICE, plea	ase complete the following:			
Corporate Name:				
Address:				
Street Address	City	State	Zip Code	
Phone:	Fax (If Available):	Fax (If Available):		
Standard Scope of Work:				
Contact Person:	Position:			
Contact Email:	Contact Phone:			
Year Company was Established:				
Principal's Name:	Principal's Drive	er's License#:		
MAJOR CREDIT REFERENCES				
1.	Phone:			
2.	Phone:			
DISCLAIMER ACCOUNTS RECEIVABLES, II	NC AND ITS EMPLOYEES ARE NOT AT	TORNEYS AND DO NOT	GIVE LEGAL ADVICE.	
YOU ARE ADVISED TO S Accounts Receivables, Inc. dba Checkmark Collections wi monitor whether the documents are received by the rec negligence shall be limited to \$100.00. However, that lim	ipient. Client agrees that recovery of any da	are the subject of the clier mages suffered by Client re	nt's request. Checkmark Collections shall not esulting from breach of this contract error or	
Payment for AGENCY'S services shall be due within 5 outstanding balance shall accrue interest at the rate of 1 relating to, arising from, or connected with this agreeme	5% per month, or the maximum amount pe	ermitted by Florida law, wh	ichever is greater. In any judicial proceeding	
WeCall™ Letter Series CLIENT agrees AGENCY will send commission. If CLIENT elects a monthly subscription, th subscription service is with 30 days' notice. Unused sub n 12 months.	ne minimum monthly fee of \$	is due via auto draft on the	e day of each month. Termination of	
Client Signature	Date			